



AMR CENTRAL MS PATIENT CARE REPORT

DOB:
SEX:
CASE #: 61240921
DOS: 11/29/2018

SERVICE MODEL AGENCY AMR	DISPATCH INFORMATION	TIMES
FROM: 81 BLEDSOE ST GRENADA, MS 38901 (HOME/RESIDENCE)	CALLER: LAW ENFORCEMENT UNIT: 708 RESPONSE MODE: LIGHTS AND SIREN ALS ASSESSMENT: AMR EMT-P DISPOSITION: CANCEL ON SCENE-NO PT CONTACT - CANC BY LAW ENFORCEMENT NATURE OF CALL: SICK PERSON/OVERRIDE-DELTA	CALL RECEIVED: 05:55:00 DISPATCHED: 05:55:15 ENROUTE: 05:55:23 AT SCENE: 06:00:07 AVAILABLE: 06:08:07

PATIENT DEMOGRAPHICS

NAME: ADDRESS: CITY, STATE ZIP: COUNTRY: PHONE: CELL PHONE: SSN: INSURANCE: NO INSURANCE AVAILABLE RESPONSIBLE PARTY: PHONE:	DOB: AGE: GENDER: ETHNICITY:
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NARRATIVE

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EMS DISPATCHED DUE TO PT BEING TAZED. OUR ARRIVAL, GRENADA PD HAS PT IN HANDCUFFS IN THE PATROL CAR. NO CONTACT MADE WITH PT.

IMPRESSION

NO INFORMATION DOCUMENTED.

HISTORY OF PRESENT ILLNESS

NO INFORMATION DOCUMENTED.

MEDICAL HISTORY

NO INFORMATION DOCUMENTED.

Exhibit W

RL00210

CHECKPOINT AUDIT TRAIL

SITE: JACKSON

PCR ID: 2018112906151648411

DATE ENTERED CHECKPOINT	CASE NUMBER	DOS	TOTAL AGE(HRS)	IS TRIP IN CHECKPOINT

QUEUE NAME	TIMER ENTERED QUEUE	TIME SUBMITTED	HOURS PRESENT	SUBMITTED/MOVED BY	SUBMITTED METHOD

FIELD NAME	OLD VALUE	NEW VALUE	TIME MODIFIED	MODIFIED BY

RL00211

DOB:
SEX:
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VITAL SIGNS

NO VITALS TO DISPLAY.

PHYSICAL FINDINGS

NO INFORMATION DOCUMENTED.

TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
		WATSON, JOHN,AMR	FACILITY ACTIVATION - ACTIVATION TYPE: NO ALERT

ADDENDUM

DATE	ADDENDUM
06:49:00 11/29/2018	ON OUR ARRIVAL, THE PT IS FIGHTING WITH GRENADA PD WHILE STILL IN HANDCUFFS. EMS UNABLE TO OBTAIN VITAL SIGNS

RUN COMPLETION

NO INFORMATION DOCUMENTED.

PCR ID: 2018112906151648411

DEVICE: SJACMEDS14

PRINTED: 12/4/2018 14:15:13

RL00212



**AMR CENTRAL MS
PRE-HOSPITAL CARE REPORT SIGNATURES**

CASE #: 61240921

UNIT ID: 708

DATE: 11/29/2018

AMR CENTRAL MS CREW MEMBERS

CREW 1

NAME: WATSON, JOHN,AMR
NUMBER: 1012146
CERTIFICATION: PARAMEDIC

A handwritten signature in black ink that reads "John Watson". The signature is written in a cursive, flowing style.

CREW 2

NAME: HOWELL, JENNIFER,AMR
NUMBER: 1011016
CERTIFICATION: EMT

A handwritten signature in black ink that reads "J. Howell". The signature is written in a cursive, flowing style.

PCR ID: 2018112906151648411

DEVICE: SJACMEDS14

PRINTED: 12/4/2018 14:15:13

RL00213